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CONFIRMATION NO. 4219

SERIAL NUMBER 10/807,565	FILING OR 371(c) DATE 03/23/2004 RULE	CLASS 345	GROUP ART UNIT 2629	ATTORNEY DOCKET NO. 073338.0188 (04-50461 FLA
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APPLICANTS

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** CONTINUING DATA ***** *no ne*** FOREIGN APPLICATIONS ***** *no ne*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

06/04/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u> </u> Examiner's Signature <u> </u> Initials				

ADDRESS

5073

TITLE

Feedback based user interface for motion controlled handheld devices

FILING FEE RECEIVED 1004	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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